# RECEIVED

# DVHA Routing Form

MAR 2 6 2012

DEPARTMENT OF VERMONT HEALTH ACCESS

\$	eement #: 03410-6117-12	Form of Agreement: Amen		ndment #: 1
Name of Recipient: Springfield Medical Care Systems		Vendor #: 41879		
Agreement Manager: Jason Elledge		Phone #: <b>802-879-5946</b>		
Addition of Tobacco through VDH Tobacco Start Date: 10/1/2011	Cessation program training co funds. Additional fundin	to the Blueprint HSA agree g (ARRA) provided for Hea Maximum Ar	ement for Springfiel althier Living Work mount: \$77,262.00	d to be funded shop radio ads.
Amendments Only: Maximum Prio	r Amount: \$68,600.00	Percentage	of Change: 12.60%	
tid Process (Contracts Only): Stand	dard Simplified	Sole Source Sta	atutory   Maste	er Contract SOW
	Funding	Source —		
Global Commitment 93.778	\$63,600.00	Special: Federal	\$3,500.0	0
Special: HIT	\$5,000.00			
Special: Settlement	\$5,162.00			
	Contents of A	ttached Packet —		
☐ AA-14 ☐ Sole Source Memo	Attachments A, B, C & I  Attachment D - Modifica	A A STATE OF THE S	Attachment G - Acad MOU	emic Research
Qualitative/Justification Memo	Attachment E - Business	Associate Agreement 🖂 🤇	Other: Attachment	FA 18 18 18 18 18 18 18 18 18 18 18 18 18
Qualitative/Justification Memo			Other: Attachment Date In	Date Out
Qualitative/Justification Memo  Reviewer  HA Grant & Contract Administrator	Kate Jones	Associate Agreement 🖂 C	Date in	Date Out
Qualitative/Justification Memo  Reviewer  HA Grant & Contract Administrator  HA BO	Kate Jones  JIII Gould Covn CT HOR	Associate Agreement  Reviewer Initials  Associate Agreement   Reviewer Initials	Date In 3/20 3-21-12	Date Out
Qualitative/Justification Memo  Reviewer  HA Grant & Contract Administrator  HA BO  HA Commissioner	Kate Jones  JIII-Gould CoyneT HAM  Mark Larson	Associate Agreement 🖂 C	Date in	Date Out  3 20  3-21-12  4-2-12
Qualitative/Justification Memo  Reviewer  HA Grant & Contract Administrator  HA BO  HA Commissioner  S Attorney General	Kate Jones  JIII Gould Covn CT HOR	Associate Agreement  Reviewer Initials  Cut	Date In 3/20 3-21-12	Date Out  3/20 3-24-12 4-2-12
Qualitative/Justification Memo  Reviewer  HA Grant & Contract Administrator  HA BO  HA Commissioner  S Attorney General  lowing Approvals for Contracts Only:	Kate Jones  JIII-Gould CoyneT HAM  Mark Larson	Associate Agreement  Reviewer Initials  Cut	Date In 3/20 3-21-12	Date Out  3 20  3-21-12  4-2-12
Qualitative/Justification Memo  Reviewer  HA Grant & Contract Administrator  HA BO  HA Commissioner  S Attorney General  lowing Approvals for Contracts Only:	Kate Jones  JIII-Gould CoyneT HAM  Mark Larson	Associate Agreement  Reviewer Initials  Cut	Date In 3/20 3-21-12	Date Out  3 20  3 -24 -12  4 - 2 - (c)  3 - 24 - 12
Qualitative/Justification Memo Reviewer  HA Grant & Contract Administrator  HA BO  HA Commissioner  IS Attorney General  Illowing Approvals for Contracts Only:  IS CIO  IS Central Office	Kate Jones  JIII-Gould CoyneT HAM  Mark Larson	Associate Agreement  Reviewer Initials  Cut	Date In 3/20 3-21-12	Date Out  3 20  3-21-12  4-2-12
☐ Qualitative/Justification Memo	Kate Jones  JIII Gould Cayn That  Mark Larson  Seth Steinzor	Associate Agreement  Reviewer Initials  Associate Agreement  Reviewer Initials	Date In  3/20 3-21-12 41-1-12	Date Out  3/20 3-21-12 4.2-16 3/23/12

GRANT #: 03410-6117-12

- Parties: This is an Amendment for Grant #03410-6117-12 for services between the State of Vermont, Department of Vermont Health Access, (hereinafter called "State"), and Springfield Medical Care Systems, (hereinafter called "Grantee" or "Subrecipient"). This is the first change.
- Reason for Amendment: The reason for this Amendment is the addition of Tobacco Cessation
  program training to the Blueprint HSA agreement for Springfield to be funded through VDH
  Tobacco funds. Additional funding (ARRA) provided for Healthier Living Workshop radio ads.
- 3. <u>Delete:</u> By deleting on pages 1 of 24 Section 3 "Maximum Amount" and its contents, and substituting in lieu of thereof the following Section 3:

Maximum Amount: In consideration of services to be performed by the Grantee, the State agrees to pay the Grantee, per payment provisions specified in Attachment B, a sum not to exceed \$77,262.

By deleting on pages 1 of 24, Section 5 "Source of Funds" and its contents, and substituting in lieu of thereof the following Section 5:

Source of Funds: GC \$63,600 Special: HIT \$5,000 Federal \$3,500

Settlement \$5,162

- 4. Add: By adding on page 9 of 24, the following section to Attachment A, under Section G, just below Healthier Living Workshops:
  - Grantee will work with a committee to develop radio advertisements for Healthier Living Workshops. Grantee will place radio advertisements prior to September 30, 2012 on representative stations to cover the southeastern region of the state (Windsor, Springfield Windsor and Brattleboro HSAs).

By adding on page 10 of 24, the following section to Attachment A towards the bottom of the page just before Section III:

### I. Tobacco Cessation Training

Grantee will ensure adequate faculty to facilitate tobacco treatment through the community-based self-management programs and the community health team. The Grantee will identify individuals to be trained to facilitate tobacco treatment. Individuals to be trained will be approved by the State. Levels of training may include:

- Level 1 Basic Skills Offered through the University of Massachusetts Medical School. An 8 hour, self directed on-line learning experience that will provide participant with the basic knowledge of tobacco cessation and knowledge about what treatments are available to treat tobacco dependence.
- Level 2 Group Tobacco Cessation Curriculum One day training on facilitating group tobacco cessation classes.
- Level 3 Tobacco Treatment Specialist Offered through the University of Massachusetts. A
  four day class prepares participants with the skills needed to offer individual tobacco dependence
  treatment. Participants must be willing to attend the four day training and go through the
  certification program to become a Certified Tobacco Treatment Specialist.

GRANT #: 03410-6117-12

By adding on page 13 of 24, the following passage to Attachment B (Payment Provisions) immediately preceding the "Incentives" heading:

## **Tobacco Training**

The grantee may invoice the State for tobacco training up to \$5,162.

- For level 1 Basic Training, the Grantee may invoice the State upon completion of the training at a rate of \$125 per person for up to 12 people.
- For level 2 FreshStart Facilitator Training, the Grantee may invoice the State upon completion of the training at a rate of \$96.40 per person for up to 3 people.
- For level 3 Tobacco Treatment Specialist Training, the Grantee may invoice the State upon enrollment in the training at a rate of up to \$1,000 per person for up to 2 people.

Upon completion of the level 3 Tobacco Treatment Specialist Training, the Grantee may invoice the State for actual expenses up to \$686.60 per person for lodging, mileage and meals not provided at the training. Mileage will be reimbursed at the State rate. Meals will be reimbursed up to: \$6.25 per breakfast, \$7.25 per lunch and \$18.50 per dinner.

#### **HLW Radio Advertisements**

Upon execution of this grant, the Grantee will invoice the State for \$3,500 to cover actual expense to place radio advertisements for the Healthier Living Workshops for the southwestern region of the state.

# 5. <u>Delete:</u> By deleting the budget table on page 15 of 24, under Approved Budget in Attachment B, and substituting in lieu of thereof the following budget table:

### Approved Budget:

Project Management (0.5 FTE)	\$40,000
HIT Data Entry	\$5,000
Self-Management Programs	\$15,600
Tobacco Cessation Training	\$5,162
HLW Radio Advertisements	\$3,500
Program Budget Total	\$69,262
HLW Incentive	\$1,500
Tobacco Cessation Incentive	\$1,500
Ql Activity [optional]	\$5,000
Potential Incentives Total	\$8,000
Total	\$77,262

GRANT #: 03410-6117-12

6. <u>Amendment:</u> All other terms and conditions of the original grant remain in full force and effect. No other changes, modifications, or amendments in the terms and conditions of this grant shall be effective unless reduced to writing, numbered, and signed by the duly authorized representative of the State and Grantee.

By:
according Control
Nancy Thibodeau
<b>Springfield Medical Care Systems</b>